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CONFIRMATION NO. 2778

<b>SERIAL NUMBER</b> 10/072,610	<b>FILING OR 371(c) DATE</b> 02/06/2002 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> 39238-0747
<b>APPLICANTS</b> Roger A. Stern, Cupertino, CA; Mitchell Levinson, Pleasanton, CA; Bryan Weber, Livermore, CA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/522,275 03/09/2000 PAT 6,413,255 which claims benefit of 60/123,440 03/09/1999 <i>PN S-27-06</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none PN S-27-06</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/01/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Signature]</i> Initials <i>PN</i>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 111
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 26875				
<b>TITLE</b> HANDPIECE FOR TREATMENT OF TISSUE				
<b>FILING FEE RECEIVED</b> 1269	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	